Fil	In this information to identify your case:		
	btor 1 Frank John Nolan		
De	First Name Middle Name Last Name		
_	ouse if, filing) First Name Middle Name Last Name		
Un	ited States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA		
	se number 2:18-bk-10480-SK	□ CH	neck if this is an
		an	nended filing
Su	ficial Form 106Sum mmary of Your Assets and Liabilities and Certain Statistical Information	1	12/15
rou	as complete and accurate as possible. If two married people are filing together, both are equally responsible rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing ame r original forms, you must fill out a new Summary and check the box at the top of this page.	for supp aded sche	lying correct edules after you file
Pa	Summarize Your Assets		
			if assets us of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	785,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B.	_	498,100.00
	1c. Copy line 63, Total of all property on Schedule A/B	· -	· · · · · · · · · · · · · · · · · · ·
Pai		\$_	1,283,100.00
	Summarize Four Liabilities		
		21.44.25.65	r liabilities sunt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.	\$_	540,375.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	æ	0.00
		_	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$_	4,115.00
	Your total liabilitie	\$	544,490.00
⊃ar	Summarize Your Income and Expenses		
١.	Schedule I: Your Income (Official Form 106I)		
	Copy your combined monthly income from line 12 of Schedule I	\$_	16,583.00
j.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$_	6,295.00
∍ar	Answer These Questions for Administrative and Statistical Records		
3 .	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with y	our other	schedules.
' .	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	r a persor	al, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check to the court with your other schedules.	is box and	I submit this form to

Page 2 of 42

Case number (if known) 2:18-bk-10480-SK Main Document Debtor 1 Frank John Nolan

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 16,583.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule S.F., copy the following:	Total cla	l n
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Case 2:18-bk-10480-SK Doc 14 Filed 01/29/18 Entered 01/29/18 16:17:37 Desc Main Document Page 3 of 42 Fill in this information to identify your case and this filing: Debtor 1 Frank John Nolan First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA Case number 2:18-bk-10480-SK Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct Information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2

				prop 4 ur	At least one of the debtors and another r information you wish to add about this ite erty identification number: hits total ee bed two bath house and three s		
	County		W		Debtor 2 only Debtor 1 and Debtor 2 only	Check if this is com	munity property
	Los Angeles				Dobtor 2 only		·
				Who	Timeshare Other has an interest in the property? Check one Debtor 1 only	Describe the nature of y (such as fee simple, ten a life estate), if known. Fee simple	our ownership interest ancy by the entireties, or
	City	State	ZIP Code		Investment property	\$785,000.00	\$785,000.00
	North Hollywood	CA	91606-0000		Manufactured or mobile home Land	Current value of the entire property?	Current value of the portion you own?
	Street address, if available, or	other des	cription	V	Duplex or multi-unit building Condominium or cooperative	the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
1.1	6055 Craner Ave.,			What	t is the property? Check all that apply Single-family home	Do not deduct secured cla	aims or exemptions. Put

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for

pages you have attached for Part 1. Write that number here......=>

Part 2: Describe Your Vehicles

\$785,000.00

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Case number (if known) 2:18-bk-10480-SK Main Document Debtor 1 Frank John Nolan 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ✓ Yes Do not deduct secured claims or exemptions. Put Dodge Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Ram 1500 Creditors Who Have Claims Secured by Property. Debtor 1 only Model 2004 Debtor 2 only Year: Current value of the Current value of the entire property? portion you own? 140000 Approximate mileage: Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Location: 1902 S. Anchovy \$6,000.00 \$6,000.00 Ave.,, San Pedro CA 90732 Check if this is community property (see instructions) 2004 Dodge Ram 1500 Do not deduct secured claims or exemptions. Put Sazuki Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. **DR 350** Debtor 1 only Model: 1992 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 9000 Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Location: 1902 S. Anchovy \$500.00 \$500.00 Ave.,, San Pedro CA 90732 Check if this is community property (see instructions) Sazuki DR 350, 1992 Motorcycle Do not deduct secured claims or exemptions. Put Pioner Who has an interest in the property? Check one 3.3 Make: the amount of any secured claims on Schedule D: QF 190 Creditors Who Have Claims Secured by Property. Model Debtor 1 only 2006 Year: Current value of the Debtor 2 only Current value of the Approximate mileage entire property? portion you own? Debtor 1 and Debtor 2 only Other information At least one of the debtors and another Location: 1902 S. Anchovy \$3,500.00 \$3,500.00 Check if this is community property Ave.,, San Pedro CA 90732 (see instructions) Travel Trailer Do not deduct secured claims or exemptions. Put 3.4 Make: Volvo Who has an interest in the property? Check one the amount of any secured claims on Schedule D: XC60 Creditors Who Have Claims Secured by Property. Model Debtor 1 only 2017 Year: Debtor 2 only Current value of the Current value of the portion you own? 8000 entire property? Approximate mileage: Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Location: 1902 S. Anchovy \$25,000.00 \$25,000.00 Ave.,, San Pedro CA 90732 Check if this is community property (see instructions) 2017 Volvo XC60 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories **₩** No Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$35,000.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ∏No Schedule A/B: Property Official Form 106A/B

Doc 14 Filed 01/29/18

Entered 01/29/18 16:17:37

Case 2:18-bk-10480-SK

		bk-10480-SK	Doc 14 Main Do		29/18 Page	Entered 5 of 42	01/29/18 16	6:17:37 Desc 2:18-bk-10480-SK
Debtor 1	Frank John	Nolan	·			Case	number (a known)	2:16-DK-10400-SK
 Yes	. Describe							
		Location: 1902 Various house	S. Anchovy A nold items no	ve.,, San Pe ne exceedin	dro CA 90 g \$500	0732		\$1,000.0
∏ No	oles: Televisions a	and radios; audio, vid I phones, cameras, r	leo, stereo, and nedia players, g	digital equipme ames	ent; comput	ers, printers,	scanners; music	collections; electronic devices
		Location: 1902 2 computers ar			edro CA 9	0732		\$6,000.0
<i>Exam</i> y No ☐ Ye	other collect	ions, memorabilia, co	, prints, or other ollectibles	artwork; books	s, pictures, e	or other art ol	bjects; stamp, col	in, or baseball card collections;
Exam ₩ No	musical inst	ographic, exercise, a	and other hobby	equipment; bic	ycles, pool	tables, golf o	ilubs, skis; canoe	s and kayaks; carpentry tools;
₩ No	<i>nples:</i> Pistols, rifle	es, shotguns, ammur	nition, and relate	d equipment				
☐ No	mples: Everyday	clothes, furs, leather	coats, designer	wear, shoes, a	ccessories			
		Location: 1902 Eveyday cloth		Ave.,, San Po	edro CA 9	90732		\$1,000.
₩ No	<i>mples:</i> Everyday j	ewelry, costume jew	elry, engagemer	nt rings, weddir	ng rings, he	irloom jewelr	y, watches, gems	s, gold, silver
Exa ☑ No	farm animals mples: Dogs, cats oes. Describe	s, birds, horses						
₩ No		nd household item	s you did not a	Iready list, inc	duding any	, health aids	you did not list	
15. Ad for	d the dollar value Part 3. Write tha	e of all of your entri at number here	ies from Part 3,	including any	entries fo	r pages you 	have attached	\$8,000.00
	Describe Your Find own or have any	ancial Assets / legal or equitable	interest in any	of the followin	ng?			Current value of the portion you own?

portion you own?
Do not deduct secured claims or exemptions.

Debtor 1	Case 2:18-bk-10	480-SK		Filed 01/2 ocument	29/18 Page	Entered 0 6 of 42 Case n	1/29/1 umber <i>(if l</i>	8 16:17:	37 Desc 8-bk-10480-SK	
☐ No	nples: Money you have in				box, and o					
						Са	sh		\$100.0	0
Exan	sits of money nples: Checking, savings, institutions. If you I	or other financi nave multiple ac	al accounts; counts with	certificates of c	deposit; sha ution, list ea	ares in credit un ich.	ions, brok	erage house	es, and other similar	
∐ No ✔ Yes	S			Institution nar Location: 1 CA 90732		nchovy Ave.,,	San Pe	dro		
	17.:	1. Checking			Bank Cl	necking and	Savings		\$5,000.0)0
Exar No Ye 19. Non- joint	spublicly traded stock ar t venture	ment accounts on Institution or and interests in its	with brokera issuer name incorporate	e:			uding an	interest in a	an LLC, partnership, a	nd
y Ye	es. Give specific informati	on about them Name of entity:				% of	ownershi	p:		
	I	Location: 609 Estates 90274	•	ley Dr., Rollin	ng Hills					
		Jarya Corp., House fliping					49	%	\$200,000.	00
Neg Non ✓ No ☐ Ye	es. Give specific informati	le personal checking those you cat on about them dissuer name:	cks, cashier nnot transfe	s' checks, prom ir to someone by	issory note y signing oi	s, and money o r delivering ther	n.			
Exa ☑ No	imples: Interests in IRA, E o es. List each account sepa	RISA. Keogh, 4 arately.	01(k) , 403(t			or other pension	n or profit-	sharing plar	as	
You Exa ☑ No	urity deposits and preparts and preparts and preparts and preparts and preparts with the preparts with the preparts with the preparts with the preparts and preparts with the	osits you have r	made so tha id rent, publ	Institution na t you may conti lic utilities (elect	nue service tric, gas, wa	iter), telecommi	company unications	companies	or others	
-	es u ities (A contract for a pe	riodia naumont	of money to				s)			
₩ N	0	name and descri		you, entier for	ine or for a	manibor or you.	- ,			
24. Inter 26 U ☑ N	rests in an education IR/ .S.C. §§ 530(b)(1), 529A(b), and 529(b)(1	1).						ım.	
□ Y	es Instituti	on name and de								
□N	sts, equitable or fut ure i lo les. Give specific informa			r than anything	g listed in l	ine 1), and rigl	hts or po	wers exerci	sable for your benefit	

Official Form 106A/B

Schedule A/B: Property

Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$455,100.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. Official Form 106A/B

	Case 2:18-bk-10480-SK		Filed 01/3 ocument			ered 01/29/18 16:		Desc
Debtor	1 Frank John Nolan	Maili Di	ocument	raye	o Ui	f 42 Case number (if known)	2:18-bk-	10480-SK
☑ N	you own or have any legal or equitable interests. Go to Part 6.	est in any busin	ess-related prop					
Part 6	Describe Any Farm- and Commercial Fishi If you own or have an interest in farmland, lis	ing-Related Prop t it in Part 1.	perty You Own o	or Have an Inte	erest	In.		
	you own or have any legal or equitable No. Go to Part 7. Yes. Go to line 47.	e interest in a	ny farm- or co	mmercial fis	hing	-related property?		
Part 7:	Describe All Property You Own or Ha	ive an Interest in	n That You Did N	lot List Above	1			
E)	you have other property of any kind y camples: Season tickets, country club me No Yes. Give specific information	mbership		mber here				\$0.00
Part 8:							<u></u>	
55 5	Part 1: Total real estate, line 2							\$785,000.00
	Part 2: Total vehicles, line 5			\$35,000.0				
	Part 3: Total personal and household it	ems, line 15		\$8,000.0	0			
	Part 4: Total financial assets, line 36			\$455,100.0	_			
59. F	Part 5: Total business-related property	, line 45		\$0.0	00			
	Part 6: Total farm- and fishing-related p		52	\$0.0	0			
61. F	Part 7: Total other property not listed, I	ine 54	+	\$0.0	00			
62. 1	Fotal personal property. Add lines 56 th	rough 61,		\$498,100.0	00	Copy personal property	total	\$498,100.00
63.	Fotal of all property on Schedule A/B. /	Add line 55 + lir	ne 62					\$1,283,100.00

		TVIONIT B D D D			
Fill in this infor	mation to identify your	case:			
Debtor 1	Frank John Nolar	ı		<u> </u>	
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	CENTRAL DISTRICT O	F CALIFORNIA		
	2:18-bk-10480-SK				☐ Check if this is an
(if known)					amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

_	dentify the Property You Claim as Exe				
	Which set of exemptions are you claiming?	heck one only, even	if you	ır spouse is filing with you.	
	You are claiming state and federal nonbankru	ptcy exemptions. 1	1 U.S	.C. § 522(b)(3)	
	☐ You are claiming federal exemptions. 11 U.S	S.C. § 522(b)(2)			
	For any property you list on Schedule A/B that	at you claim as exe	mpt, (fill in the information below.	
	Ditti describacii oi cie bishaid and illia	urrent value of the	Amo	unt of the exemption you claim	Specific laws that allow examption
		ortion you own copy the value from chedule A/B	Che	ck only one box for each exemption.	
	2004 Dodge Ram 1500 140000 miles	\$6,000.00		\$5 ,35 0 .00	C.C.P. § 703.140(b)(2)
	Location: 1902 S. Anchovy Ave.,, San — Pedro CA 90732 2004 Dodge Ram 1500 Line from <i>Schedule A/B</i> : 3.1			100% of fair market value, up to any applicable statutory limit	
	2004 Dodge Ram 1500 140000 miles	\$6,000.00		\$650.00	C.C.P. § 703.140(b)(5)
	Location: 1902 S. Anchovy Ave.,, San — Pedro CA 90732 2004 Dodge Ram 1500 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
	1992 Sazuki DR 350 9000 miles	\$500.00		\$0.00	C.C.P. § 703.140(b)(2)
	Location: 1902 S. Anchovy Ave., San – Pedro CA 90732 Sazuki DR 350, 1992 Motorcycle Line from Schedule A/B: 3.2		_	100% of fair market value, up to any applicable statutory limit	
	1992 Sazuki DR 350 9000 miles	\$500.00		\$500.00	C.C.P. § 703.140(b)(5)
	Location: 1902 S. Anchovy Ave.,, San – Pedro CA 90732 Sazuki DR 350, 1992 Motorcycle Line from Schedule A/B: 3.2	<u> </u>		100% of fair market value, up to any applicable statutory limit	

Brief description of the property and line on Current value of the	Am	ount of the exemption you claim	Specific laws that allow exemption
Schedule A/B that lists this property portion you own Copy the value from		eck only one box for each exemption.	
Schedule A/B 2006 Pioner QF 190\$3,500.00		1. of the Carlotte #1. of ### \$3,500.00	C.C.P. § 703.140(b)(5)
Location: 1902 S. Anchovy Ave.,, San Pedro CA 90732 Travel Trailer Line from Schedule A/B: 3.3		100% of fair market value, up to any applicable statutory limit	
2017 Volvo XC60 8000 miles \$25,000.00		\$23,575.00	C.C.P. § 703.140(b)(5)
Location: 1902 S. Anchovy Ave.,, San Pedro CA 90732 2017 Volvo XC60 Line from Schedule A/B: 3.4		100% of fair market value, up to any applicable statutory limit	
Location: 1902 S. Anchovy Ave.,, San \$1,000.00		\$1,000.00	C.C.P. § 703.140(b)(3)
Pedro CA 90732 Various household items none exceeding \$500 Line from Schedule A/B: 6.1		100% of fair market value, up to any applicable statutory limit	
Location: 1902 S. Anchovy Ave.,, San Pedro CA 90732 \$6,000.00		\$6,000.00	C.C.P. § 703.140(b)(3)
2 computers and musical equipment Line from Schedule A/B: 7.1		100% of fair market value, up to any applicable statutory limit	
Location: 1902 S. Anchovy Ave.,, San Pedro CA 90732 \$1,000.00)	\$1,000.00	C.C.P. § 703.140(b)(3)
Eveyday clothing Line from Schedule A/B: 11.1		100% of fair market value, up to any applicable statutory limit	
Cash \$100.00	<u> </u>	\$0.00	C.C.P. § 703.140(b)(5)
Line from Schedule A/B: 16.1		100% of fair market value, up to any applicable statutory limit	
Checking: Location: 1902 S. Anchovy Ave.,, San Pedro CA 90732 \$5,000.00	<u> </u>	\$0.00	C.C.P. § 703.140(b)(5)
Wells Fargo Bank Checking and Savings Line from Schedule A/B: 17.1		100% of fair market value, up to any applicable statutory limit	

			11 of 42		
Fill in this information (to identify your	case:			
	nk John Nola				
	Name	Middle Name Last Name			
Debtor 2 (Spouse if, filling) First	Name	Middle Name Last Name			
United States Bankrupto	y Court for the:	CENTRAL DISTRICT OF CALIFORNIA			
Case number 2:18-b	k-10480-SK			☐ Check amend	if this is an ed filing
Official Form 106	 3D				
		Who Have Claims Secured	by Property	у	12/15
s needed, copy the Additi number (if known). I. Do any creditors have c	onai Page, fill it o	two married people are filing together, both are equut, number the entries, and attach it to this form. On your property? is form to the court with your other schedules. You	The top or any addition	iai pages, amo , san ma	ilon. If more space me and case
Yes. Fill in all of	the information t	pelow.			
Part 1: List All Secu	red Claims		Column A	Column B	Column C
for each claim. If more that	n one creditor has	nore than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As	Column A Amount of claim	Value of collateral that supports this	Unsecured portion
much as possible, list the o	claims in alphabetic	cal order according to the creditor's name.	Do not deduct the value of collateral.	claim	if any
2.1 Mr. Cooper	claims in alphabetion	Describe the property that secures the claim:	77	• -	
		Describe the property that secures the claim: 6055 Craner Ave., North Hollywood, CA 91606 Los Angeles County 4 units total 1 tree bed two bath house and three	value of collateral.	claim	if any
2.1 Mr. Cooper Creditor's Name Attn: Bankrupt 8950 Cypress	acy	Describe the property that secures the claim: 6055 Craner Ave., North Hollywood, CA 91606 Los Angeles County 4 units total	value of collateral.	claim	if any
2.1 Mr. Cooper Creditor's Name Attn: Bankrupt 8950 Cypress N	tcy Waters	Describe the property that secures the claim: 6055 Craner Ave., North Hollywood, CA 91606 Los Angeles County 4 units total 1 tree bed two bath house and three single units As of the date you file, the claim is: Check all that apply.	value of collateral.	claim	if any
2.1 Mr. Cooper Creditor's Name Attn: Bankrupt 8950 Cypress	tcy Waters 019	Describe the property that secures the claim: 6055 Craner Ave., North Hollywood, CA 91606 Los Angeles County 4 units total 1 tree bed two bath house and three single units As of the date you file, the claim is: Check all that	value of collateral.	claim	if any
2.1 Mr. Cooper Creditor's Name Attn: Bankrupt 8950 Cypress N Blvd Coppell, TX 75 Number, Street, City, S	iccy Waters 019 tate & Zip Code	Describe the property that secures the claim: 6055 Craner Ave., North Hollywood, CA 91606 Los Angeles County 4 units total 1 tree bed two bath house and three single units As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	value of collateral.	claim	if any
2.1 Mr. Cooper Creditor's Name Attn: Bankrupt 8950 Cypress N Blvd Coppell, TX 75 Number, Street, City, S Who owes the debt? City	iccy Waters 019 tate & Zip Code	Describe the property that secures the claim: 6055 Craner Ave., North Hollywood, CA 91606 Los Angeles County 4 units total 1 tree bed two bath house and three single units As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of tien. Check all that apply.	value of collateral. \$540,375.00	claim	if any
2.1 Mr. Cooper Creditor's Name Attn: Bankrupt 8950 Cypress N Blvd Coppell, TX 75 Number, Street, City, S Who owes the debt? Co	iccy Waters 019 tate & Zip Code	Describe the property that secures the claim: 6055 Craner Ave., North Hollywood, CA 91606 Los Angeles County 4 units total 1 tree bed two bath house and three single units As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	value of collateral. \$540,375.00	claim	if any
2.1 Mr. Cooper Creditor's Name Attn: Bankrupt 8950 Cypress N Blvd Coppell, TX 75 Number, Street, City, S Who owes the debt? Ci Debtor 1 only Debtor 2 only	t cy Waters 019 tate & Zip Code heck one.	Describe the property that secures the claim: 6055 Craner Ave., North Hollywood, CA 91606 Los Angeles County 4 units total 1 tree bed two bath house and three single units As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or sec car loan)	value of collateral. \$540,375.00	claim	if any
2.1 Mr. Cooper Creditor's Name Attn: Bankrupt 8950 Cypress N Blvd Coppell, TX 75 Number, Street, City, S Who owes the debt? Co	tcy Waters 019 tate & Zip Code heck one.	Describe the property that secures the claim: 6055 Craner Ave., North Hollywood, CA 91606 Los Angeles County 4 units total 1 tree bed two bath house and three single units As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or sec	value of collateral. \$540,375.00	claim	if any
2.1 Mr. Cooper Creditor's Name Attn: Bankrupt 8950 Cypress N Blvd Coppell, TX 75 Number, Street, City, S Who owes the debt? Ci Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2	ticy Waters 019 tale & Zip Code heck one. only tors and another	Describe the property that secures the claim: 6055 Craner Ave., North Hollywood, CA 91606 Los Angeles County 4 units total 1 tree bed two bath house and three single units As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or sec car loan) Statutory lien (such as tax lien, mechanic's lien)	value of collateral. \$540,375.00	claim	if any
Attn: Bankrupt 8950 Cypress to Blvd Coppell, TX 75 Number, Street, City, S Who owes the debt? Competer 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debt Check if this claim re	ticy Waters 019 tale & Zip Code heck one. only tors and another	Describe the property that secures the claim: 6055 Craner Ave., North Hollywood, CA 91606 Los Angeles County 4 units total 1 tree bed two bath house and three single units As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or sec car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit	value of collateral. \$540,375.00	claim	If any

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 2:18-bk-10480-SK Doc 14 Filed 01/29/18 Entered 01/29/18 16:17:37 Desc Main Document Page 12 of 42

Debtor 1 Frank John Nolan
First Name Middle Name Last Name

Name, Number, Street, City, State & Zip Code NBS Default Services LLC 301 E. Ocean Blvd.,

Case number (if know) 2:18-bk-10480-SK

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number 8822

Ste # 1720

Long Beach, CA 90802

	Main Do	cument Page 13	of 42			
Fill in this information to identify	y your case:					
Debtor 1 Frank John	Nolan		<u></u>			
First Name	Middle Name	Last Name				
Debtor 2 (Spouse if, filing) First Name	Middle Name	Last Name				
United States Bankruptcy Court fo	r the: CENTRAL DISTRIC	T OF CALIFORNIA				
Case number 2:18-bk-10480- (f known)	şk			_	eck if this is an ended filing	i
Official Form 106E/F					40141	
Schedule E/F: Credito Be as complete and accurate as poss	rs Who Have Unse	ecured Claims			12/15	
Be as complete and accurate as posing executory contracts or unexpired Schedule G: Executory Contracts and Schedule D: Creditors Who Have Claeft. Attach the Continuation Page to name and case number (if known).	d Unexpired Leases (Official Fo lims Secured by Property. If mo this page. If you have no inforr	orn 1966). Do not include any t	art vou need, fill it out, it	umber the entr	ies in the boxes	on the
	RITY Unsecured Claims					
 Do any creditors have priority u No. Go to Part 2. 	HISACOLAN CISHIDS SASINGE ACC.					
Yes.						
 List all of your priority unsecure identify what type of claim it is. If a possible, list the claims in alphabe Part 1. If more than one creditor h 	a claim has both priority and nonp etical order according to the credit rolds a particular claim, list the oth	ononty amounts, list that claim her tor's name. If you have more than her creditors in Part 3.	two priority unsecured cla			
(For an explanation of each type of	of claim, see the instructions for the	his form in the instruction booklet.) : Total claim	Priority amount	Nonprior amount	ity
2.1 Franchise Tax Board	Last 4 dig	gits of account number	\$0.00	\$0	0.00	\$ 0. 0 0
Priority Creditor's Name Bankruptcy Section, P.O. Box 2952		s the debt incurred?		-		
Sacramento, CA 958	12-2952					
Number Street City State ZI	Code As of the	date you file, the claim is: Che	ck all that apply			
Who incurred the debt? Check		-				
Debtor 1 only	□ Unliqu —					
Debtor 2 only	☐ Disput					
Debtor 1 and Debtor 2 only	- ·	PRIORITY unsecured claim:				
At least one of the debtors a	IIIO aliquiei	stic support obligations				
Check if this claim is for a	= _	-				
	_	and certain other debts you owe				
is the claim subject to offset?	Claims	and certain other debts you owe s for death or personal injury while	e you were intoxicated			
is the claim subject to offset? No Yes	Claims	and certain other debts you owe	e you were intoxicated	<u>.</u>		

Case 2:18-bk-10480-SK Doc 14 Filed 01/29/18 Entered 01/29/18 16:17:37 Page 14 of 42 Case number (if know) Main Document 2:18-bk-10480-SK Debtor 1 Frank John Nolan \$0.00 \$0.00 Last 4 digits of account number \$0.00 2.2 Internal Revenue Service Priority Creditor's Name When was the debt incurred? P.O. Box 7346 Philadelphia, PA 19101-7346 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only ☐ Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated is the claim subject to offset? ■ No Other. Specify ☐ Yes LA Housing and Community \$0.00 \$0.00 \$0.00 Last 4 digits of account number 2.3 Dept. Priority Creditor's Name When was the debt incurred? **Regulatory Compliance** 1200 West 7th St., 8th Floor Los Angeles, CA 90017 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated ☐ Disputed Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated is the claim subject to offset? ■ No Other Specify ☐ Yes Los Angeles County Treasurer & \$0.00 \$0.00 \$0.00 Last 4 digits of account number 2.4 Priority Creditor's Name When was the debt incurred? P.O. Box 54110 Los Angeles, CA 90054-0110 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. □ Contingent ☐ Unliquidated Debtor 1 only ☐ Disputed Debtor 2 only

Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes As of the date you file, the claim is: Check all that apply Contingent Disputed Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other: Specify Yes

Part 2: List All of Your NONPRIORITY Unsecured Claims
3. Do any creditors have nonpriority unsecured claims against you?

■ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more

Page 15 of 42 Case number (if know) Main Document 2:18-bk-10480-SK Debtor 1 Frank John Nolan

2.			Total claim
Amex	Last 4 digits of account number	6233	\$5.0
Nonpriority Creditor's Name Correspondence Po Box 981540 El Paso, TX 79998	When was the debt incurred?	Opened 05/97 Last Active 3/31/05	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent ☐ Unliquidated		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other Specify Credit Card		
Li fes	Other Specify		
Bank Of America Nonpriority Creditor's Name	Last 4 digits of account number	33	\$5.0
Nc4-105-03-14 Po Box 26012	When was the debt incurred?	Opened 04/04 Last Active 4/01/05	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	o ciaim:	
Check if this claim is for a community debt is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-shari	ng plans, and other similar debts	
☐ Yes	Other Specify Check Cre	dit Or Line Of Credit	
Capital One	Last 4 digits of account number	0016	\$4,100.
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285	When was the debt incurred?	Opened 06/16 Last Active 1/06/18	-
Number Street City State Zip Code Who Incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a seperate as priority claims	paration agreement or divorce that you did not	
No	, ,	ing plans, and other similar debts	
	Other. Specify Charge A		
☐ Yes	- Other, Specify		_

Official Form 106 E/F

Case 2:18-bk-10480-SK Doc 14 Filed 01/29/18 Entered 01/29/18 16:17:37 Page 16 of 42 Case number (if know) Main Document 2:18-bk-10480-SK Debtor 1 Frank John Nolan \$5.00 Last 4 digits of account number 8375 4.4 Citicards Cbna Nonpriority Creditor's Name Opened 01/04 Last Active Centralized Bankrupt When was the debt incurred? 11/02/04 Po Box 790040 Saint Louis, MO 63179 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total Claim** ва 0.00 6a. Domestic support obligations Total claims Taxes and certain other debts you owe the government 6b 0.00 from Part 1 Claims for death or personal injury while you were intoxicated 6c. 0.00 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e 0.00 Total Priority. Add lines 6a through 6d. **Total Claim** 0.00 6f.

6g.

6h.

6i.

6j.

0.00

0.00

4,115.00

4.115.00

Student loans

you did not report as priority claims

Total Nonpriority. Add lines 6f through 6i.

Obligations arising out of a separation agreement or divorce that

Debts to pension or profit-sharing plans, and other similar debts

Other. Add all other nonpriority unsecured claims. Write that amount

6f.

6h.

6i.

Total claims

from Part 2

	Cas	e 2.18-0K-10480	_	n Documen	t Dado)T/29/TO	17 of 42	01/29/18	10.17	.37 Desc
. Fili in	this infor	rmation to identify your			EAUL	17 (1) 47			
Debtor		Frank John Nola					"		
000.0	'	First Name	Middle Na	me	Last Name				
Debtoi (Spouse	r 2 if, filing)	First Name	Middle Na	me	Last Name				
United	l States B	sankruptcy Court for the:	CENTRAL D	ISTRICT OF CAL	IFORNIA				
Case i	number n)	2:18-bk-10480-SK		-					Check if this is an amended filing
									arrended many
Offic	cial Fo	orm 106G							
Sch	edule	e G: Executor							12/15
inform addition 1. D	nation. If incoming the page of you have not been not bee	e and accurate as possi- more space is needed, es, write your name and eve any executory contro- eck this box and file this fill in all of the information but ately each person or corrent, vehicle lease, cell pired leases. or company with whom your company with whom you company with who who was you company with whom you company with y	copy the addition case number (acts or unexpirement or with the coupelow even if the company with with phone). See the coupelow have the coupelow have the coupelow have the coupelow even if the cou	onal page, fill it of (if known). red leases? urt with your other a contacts of lease thom you have the instructions for the contract or lease ontract or lease	schedules. Your schedules or listed or econtract or his form in the	ou have nothing Schedule Avioles. Then sinstruction bo	ng else to repo B: <i>Property</i> (Of	ort on this fficial Forr ch contra examples	form. n 106 A/B). ct or lease is for (for
	Number	Street			.				
	City		State	ZIP Code		==			
2.3	Name						-		
	Number	Street			<u> </u>				
	City		State	ZIP Code					
2.4	Name		···						
	Number	Street							
	City		State	ZIP Code			·		
2.5	Name		<u> </u>						
	Number	Street		<u> </u>	.				

ZIP Code

State

City

		Main Docum	nent Page 18	3 of 42
Fill in this	information to identify your	case:		
Debtor 1	Frank John Nolai	<u> </u>		
20010.	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing	ro) First Name	Middle Name	Last Name	
		CENTRAL DISTRICT OF	CALIFORNIA	
United Stat	tes Bankruptcy Court for the:	CENTIVE DISTRICT OF	071211 071110	
Case numb	per 2:18-bk-10480-SK			☐ Check if this is an
(if known)				amended filing
<u></u>				
	I Form 106H			
Sched	ule H: Your Cod	<u>ebtors</u>		12/15
people are fill it out, a your name 1. Do No Yes 2. Wit Arizor	filing together, both are equal number the entries in the earn case number (if known you have any codebtors? (if section is california, Idaho, Louisiana, Go to line 3.	ually responsible for supply boxes on the left. Attach in a community program in the left of the left	ying correct information the Additional Page to o not list either spouse operty state or territor erto Rico, Texas, Washi	y? (Community property states and territories include
	Yes.			
	In which community sta	te or territory did you live?	-NONE-	. Fill in the name and current address of that person.
in line Form	a diagrafia da la codobtos cellu	ip Code otors. Do not include your lifthat parson is a guarant	or or cosigner. Make	r if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 06G). Use Schedule D, Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and	ZiP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1				☐ Schedule D, line
<u> </u>	Name			☐ Schedule E/F, line
				☐ Schedule G, line
	Number Street City	State	ZIP Code	
				☐ Schedule D, line
3.2	Name		<u> </u>	☐ Schedule E/F, line
	Helilo			☐ Schedule G, line
	Number Circuit			_ _
	Number Street City	State	ZIP Code	

Page 1 of 1

Fil *	n this information to ide	ntify your cas	e								
Debt	or 1 Fra	nk John N	olan				=				
Debt (Spou	or 2 se, if filing)			_			-				
Unite	ed States Bankruptcy C	ourt for the:	CENTRAL DISTRICT	OF CALIF	ORNIA	_					
Case	e number 2:18-bl	(-10480-SK					C	heck if this is:			
(If kno	л ж п)							An amended	_		
			<u></u>					A supplemer 13 income a	nt showing s of the fol	postpetition of llowing date:	chapter
Of	ficial Form 10)6I						MM / DD/ Y	/YY		
So	hedule I: Yo	ur Inco	me								12/15
supp	olying correct informatise. If you are separate sheet to	tion. If you a ed and your this form. C	ble. If two married peop are married and not filing spouse is not filing with an the top of any addition	g jointly, byou d	and your spo not include	ouse Is inform	nving v ation al	vitri you, inclu bout vour spo	use. If mo	re space is n	eeded,
1.	Fill in your employm information.	ent		Debtor				Debtor 2	or non-fil	ing spouse	
	If you have more than	one job,		■ Emp	loyed			■ Emplo	yed		
	attach a separate pag information about add		Employment status	☐ Not	employed			☐ Not er	nployed		
	employers.		Occupation	Real E	state Agent	<u> </u>		Registe	red Nurs	ie	
	include part-time, sea self-employed work.	sonal, or	Employer's name	Pacific	Home Bro	kers_		Good S	amerataı	n Hospital	
	Occupation may inclu or homemaker, if it ap		Employer's address	Suite	Verdes Pen		, CA		ilshire Bi geles, C <i>l</i>		
			How long employed to	nere?	2 years			<u></u>	years		
Par	t 2 Give Details	s About Mon	thly income								
Esti		as of the da	ate you file this form. If	you have	nothing to rep	ort for a	ıny line,	write \$0 in the	space. Inc	clude your nor	n-filing
If yo	u or your non-filing spo e space, attach a sepai	ouse have mo	ore than one employer, co	mbine th	e information f	or all e	mployer	s for that perso	n on the li	ines below. If y	you need
							F.	r Deuter 1		blor 2 or ing spouse	
2.	List monthly gross deductions). If not po	wages, sala aid monthly, d	ry, and commissions (b calculate what the month	efore all p ly wage v	oayroll rould be.	2.	\$	0.00	\$	7,583.00	
3.	Estimate and list m	onthly overt	ime pay.			3.	+\$	0.00	+\$	0.00	I
4.	Calculate gross Inc	ome. Add lii	ne 2 + line 3.			4.	\$	0.00	\$	7,583.00	

)ebt	or 1	Frank John Nolan		С	ase r	number (if kno	own)	<u>2:1</u>	8-bk-104	<u> 30-SK</u>	
			4.		For	Debtor 1	.00		or Debtor 2 on-filling sp		64 6. 6. 6.
	Сору	line 4 here	٦.		•		.00	Ψ.	- 1,0	100.00	<u>'</u>
5 .	List a	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$.00	\$		0.00	_
	5b.	Mandatory contributions for retirement plans	5b.		\$.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c.		\$.00	\$.	_	0.00	
	5d.	Required repayments of retirement fund loans	5d.		\$ _		<u>.00</u>	\$.		0.00	_
	5e.	Insurance	5e.		<u>\$</u> _		.00	\$		0.00	_
	5f.	Domestic support obligations	5f.		<u> </u>		.00	\$		0.00	_
	5 g .	Union dues	5g.		<u>\$</u> _		.00	\$	_	0.00	
	5h.	Other deductions. Specify:	_ 5h.	+	\$.00	+ \$		0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ <u> </u>		.00	\$		0.00	_
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ _	0	.00	\$	7,	583. <u>00</u>	<u>)</u>
8.	List : 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8 a .	•	\$	9,000	0.00	\$		0.00	0_
	8b.	Interest and dividends	8b.		\$		00.0	\$		0.00	0
	8c.	Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	•	* _		0.00	. \$		0.00	
	8d.	Unemployment compensation	8d.		\$		0.00	. \$		0.00	
	8 e.	Social Security	8e.		\$_	(00.0	. \$		0.0	<u>0</u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$		0.00	. \$		0.0	
	8g.	Pension or retirement income	8g		\$ _		0.00	- \$		0.0	
	8h.	Other monthly income. Specify:	_ 8h	.+	\$		0.00	+ \$		0.0	<u>U</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	9,00	0.00	\$		0.0	00
	0.1	culate monthly income. Add line 7 + line 9.	10.	\$		9.000.00] + [s		7,583.00	= \$	16,583.00
10.	Calc Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		٠-		0,000.00	Ĺ				
11	Stat Inch othe Do	the all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	gepe						in Scheduk	e <i>J.</i> +\$ _	0.00
12	. Add Writ app	I the amount in the last column of line 10 to the amount in line 11. The re- tile that amount on the <i>Summary of Schedule's</i> and <i>Statistical Summary of Certa</i> lies	sult is in Lia	th <i>bil</i>	e co ities	mbined mo and Relate	nthly d <i>Da</i>	inco ta, if	me. it 12.		16,583.00 bined
			_							mont	thly income
13	. Do	you expect an increase or decrease within the year after you file this form	17								
		No. Yes. Explain:									

	this eformation to identify your	11.45 Pr			
Debto			Cr	neck if this is:	
2000	FIGUR SOUR NO				*
Debto (Spou	or 2 use, if filing)			A supplement show 13 expenses as of	ving postpetition chapter the following date:
United	d States Bankruptcy Court for the:	CENTRAL DISTRICT OF CALIFOR	RNIA	MM / DD / YYYY	
Case (If kno	number 2:18-bk-10480-SK own)				
Off	ficial Form 106J				
Sc	hedule J: Your E	xpenses			12
info	rmation. If more space is need ther (if known). Answer every		e filing together, both are e form. On the top of any add	qually responsible foliational pages, write	or supplying correct your name and case
Part 1.	Describe Your Househ Is this a joint case?	Old			
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in	a separate household?			
	☐ No ☐ Yes. Debtor 2 must	file Official Form 106J-2, Expenses	for Separate Household of D	Debtor 2.	
2.	Do you have dependents?	□ No			
	Do not list Debtor 1 and Debtor 2.	■ Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	Do not state the dependents names.		Son	10	□ No ■ Yes
	dependents hames.				□ No
					☐ Yes
					□ No
					_ ☐ Yes ☐ No
					□ No □ Yes
_		_			_ Lifes
3.	Do your expenses include expenses of people other th yourself and your dependen	■ No lan □ Yes			
exp		ng Monthly Expenses our bankruptcy filling date unless y ankruptcy is filed. If this is a sup	you are using this form as plemental Schedule J, ched	a supplement in a Cl ok the box at the top	napter 13 case to report of the form and fill in the
the	lude expenses paid for with n value of such assistance and ficial Form 106l.)	on-cash government assistance d have included it on Schedule I:	if you know Your Income		parising and the control of the cont
4.	The rental or home owners payments and any rent for the	hip expenses for your residence. e ground or lot.	Include first mortgage	4. \$	2,500.00
	If not included in line 4:				
	4a. Real estate taxes		. 4	a. \$	0.00
	4b. Property, homeowner's	s, or renter's insurance	4	b. \$	0.00
	4c. Home maintenance, re	pair, and upkeep expenses		lc. \$	0.00
	4d. Homeowner's associat	tion or condominium dues		d. \$	0.00
5	Myser energian legation &	ents for your residence, such as h	ome equity loans	5. \$	

Debto	r 1 Frank John Nolan	Case numb	er (if known)	2:18-bk-10480-SK
	Utilities:	6a.	\$	30.00
	6a. Electricity, heat, natural gas	6b.	`	100.00
	6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services		š	120.00
	· · · · · · · · · · · · · · · · · · ·		\$	0.00
	6d. Other Specify:		\$	300.00
	Food and housekeeping supplies Childcare and children's education costs	8.	\$	400.00
		9.	· 	50.00
	Clothing, laundry, and dry cleaning	10.	\$	10.00
	Personal care products and services Medical and dental expenses	11.	\$	20.00
	Transportation. Include gas, maintenance, bus or train fare.	***		
	Transportation, include gas, maintenance, bus of train late. Do not include car payments.	12.	\$	200.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
	Charitable contributions and religious donations	14.		0.00
	Insurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20.		_	
	15a. Life insurance	15a.		0.00
	15b. Health insurance	15b.	·	0.00
	15c. Vehicle insurance	15c.		140.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		•	2.00
	Specify:	16.	>	0.00
	Installment or lease payments:	17a.	•	0.00
	17a. Car payments for Vehicle 1	17a. 17b.	·	0.00
	17b. Car payments for Vehicle 2	17b.	<u>`</u>	0.00
	17c. Other Specify:	17d.		0.00
	17d. Other Specify:		Ψ	<u> </u>
18.	Your payments of alimony, maintenance, and support that you did not report at deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
10	Other payments you make to support others who do not live with you.		\$	0.00
	Specify:	19.		
20	Other real property expenses not included in lines 4 or 5 of this form or on Sch	edule I: Yo	our income.	
	20a. Mortgages on other property	20 a .	\$	2,325.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.		0.00
21.	Other: Specify:	21.	+\$	0.00
				
22.	Calculate your monthly expenses		\$	6,295.00
	22a. Add lines 4 through 21.			0,233.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	2 205 00
	22c. Add line 22a and 22b. The result is your monthly expenses.		*	6,295.00
22	Calculate your monthly net income.			
۷٥.	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	16,583.00
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	6,295.00
	Zon. Ooky your mounty orkendoo namento and and to			
	23c. Subtract your monthly expenses from your monthly income.		•	10,288.00
	The result is your monthly net income.	23c.	<u></u>	10,200.00
		ga	. 4	
24.	Do you expect an increase or decrease in your expenses within the year after	you file this	s form?	crease or decrease because of a
	For example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage?	on mortgage	payment to an	
	No.			
	Evoluin here:			

Fid in this info	ormation to identify your	case:			
Debtor 1	Frank John Nolar	•••			
Deptor	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States I	Bankruptcy Court for the:	CENTRAL DISTRICT O	F CALIFORNIA		
Case number	2:18-bk-10480-SK				— • • • • • • • • • • • • • • • • • • •
(if known)					Check if this is an amended filing
You must file to	his form whenever you f	ile bankruptcy schedules n connection with a bant	nsible for supplying corre s or amended schedules. Kruptcy case can result in	Making a false statemer	nt, concealing property, or imprisonment for up to 20
s	ign Below				
Did you	pay or agree to pay some	eone who is NOT an attor	mey to help you fill out be	ankruptcy forms?	
■ N o					
☐ Yes	. Name of person			Attach Bankrupt Declaration, and	cy Petition Preparer's Notice, I Signature (Official Form 119)
	naity of perjury, I declare are true and correct.	that I have read the sum	nmary and schedules filed	I with this declaration as	nd
X/	16		x		
	nk John Nolan ature of Debtor 1		Signature of I	Debtor 2	
Date	January 29, 2018		Date		

Fill	in this info	rmation to identify your	case:			
Del	otor 1	Frank John Nolar	1			
		First Name	Middle Name	Last Name		
	otor 2 use if, filing)	First Name	Middle Name	Last Name		
Uni	ted States I	Bankruptcy Court for the:	CENTRAL DISTRICT OF C	ALIFORNIA		
	se number nown)	2:18-bk-10480-SK				neck if this is an mended filing
		orm 107 nt of Financial A	Affairs for Individu	uals Filing for Ba	ankruptcy	4/16
Be a	as complet	o and accurate as nossit	ele. If two married people are	filing together, both are e	qually responsible for supp	lying correct r name and case
Pa	rt 1 Giv	e Details About Your Mar	ital Status and Where You L	ived Before		
1.	What is y	our current marital status	3?			
	■ Marr	ied narried				
2.	During th	e last 3 years, have you l	ived anywhere other than w	here you live now?		
	■ No ☐ Yes.	List all of the places you li	ved in the last 3 years. Do not	include where you live now.		
	Debtor 1	Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. ste	Within th	e last 8 years, did you ev itories include Arizona, Cal	er live with a spouse or lega ifomia, Idaho, Louisiana, Neva	al equivalent in a communi ada, New Mexico, Puerto Ri	ty property state or territory co, Texas, Washington and W	? (Community property fisconsin.)
	□ No					
	Yes.	Make sure you fill out Sch	edule H: Your Codebtors (Offi	icial Form 106H).		
Pa	art 2 Ex	plain the Sources of You	rIncome			<u> </u>
4.	Fill in the	total amount of income vo	nployment or from operating u received from all jobs and al have income that you receive	II businesses, including part-	time activities.	ndar years?
	□ No					
	■ Yes	. Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
F	rom Janua ne date you	ry 1 of current year until filed for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	
			Operating a business		Operating a business	

Case 2:18-bk-10480-SK Doc 14 Filed 01/29/18 Entered 01/29/18 16:17:37 Main Document Page 25_of 42 Case number (if known) 2:18-bk-10480-SK Frank John Nolan Debtor 1 Debtor 2 医咽腔后样 Debtor 1 **Gross income** Sources of income **Gross income** Sources of income (before deductions (before deductions and Check all that apply. Check all that apply. and exclusions) exclusions) \$35,000.00 ■ Wages, commissions, For last calendar year: ■ Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips Operating a business Operating a business \$12,000.00 ■ Wages, commissions, For the calendar year before that: ■ Wages, commissions, bonuses, tips (January 1 to December 31, 2016) bonuses, tips Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. □ No Yes, Fill in the details. Debtor 2 Debtor 1 Sources of income **Gross income** Gross income from Sources of income (before deductions Describe below. each source Describe below. and exclusions) (before deductions and exclusions) From January 1 of current year until Rental Income \$750.00 the date you filed for bankruptcy: \$56,400.00 For last calendar year: Rental Income (January 1 to December 31, 2017) \$48,000.00 For the calendar year before that: Rental Income (January 1 to December 31, 2016) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you ☐ Yes paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not ☐ Yes include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

Creditor's Name and Address

Dates of payment

attorney for this bankruptcy case.

Total amount paid

Amount you still owe

Was this payment for ...

		Case 2:18-bk-10480-SK	Doc 14 Filed 01 Main Document			ed 01/29/18 12 number (if known)		Desc
Debt	or 1	Frank John Nolan	4		Case	number (# known)	2:16-DK-1040	
6	nside	in 1 year before you filed for bankruptoers include your relatives; any general paich you are an officer, director, person in tiness you operate as a sole proprietor. 1 any.	irtners; relatives of any get control, or owner of 20% (neral partner or more of th	s; partner: eir voting :	snips of which you securities: and an	ı are a generai p v managing age	ent, including one for
1		No Yes. List all payments to an insider. der's Name and Address	Dates of payment	Total an		Amount you still owe	Reason for th	is payment
i	insid	in 1 year before you filed for bankrupt ler? de payments on debts guaranteed or cos		yments or t	paid ransfer ar		ccount of a deb	t that benefited an
		No Yes. List all payments to an insider der's Name and Address	Dates of payment	Total an	nount paid	Amount you still owe	Reason for the	nis payment or's name
Pari	t 4:	Identify Legal Actions, Repossessio	ns, and Foreclosures					
	List a mod	tin 1 year before you filed for bankrupt all such matters, including personal injury ifications, and contract disputes. No Yes. Fill in the details.	/ cases, small claims actio	ns, divorces	, collection	on, or administr suits, paternity a	ative proceedir ctions, support of Status of the	dasted y
	Cas	se title se number	Nature of the case		ragency			
10.	Witt Che	nin 1 year before you filed for bankrup ck all that apply and fill in the details belo	tcy, was any of your pro ow.	perty repos:	sessea, Ta	oreciosed, garnis	sned, attached,	Seizeu, Oi levieu:
		No. Go to line 11. Yes. Fill in the information below.						
	_	editor Name and Address	Describe the Propert	y		Date		Value of the
			Explain what happen	ed	. !!			ргорепту
11.	acc	hin 90 days before you filed for bankru ounts or refuse to make a payment be No Yes. Fill in the details. editor Name and Address	uptcy, did any creditor, in cause you owed a debt? Describe the action t	•			action was	mounts from your Amount
12.	Wit	hin 1 year before you filed for bankrup art-appointed receiver, a custodian, or	otcy, was any of your pro another official?	perty in the	possess	ion of an assign	ee for the bene	fit of creditors, a
		No						
		Yes						
	rt 5 <u>:</u>	List Certain Gifts and Contribution		_				
13.	Wit	thin 2 years before you filed for bankro No	uptcy, did you give any g	jifts with a t	otal value	of more than \$6	00 per personî	?
		Yes. Fill in the details for each gift. ifts with a total value of more than \$60 or person	0 Describe the gi	fts			es you gave gifts	Value
	Pe	erson to Whom You Gave the Gift and ddress:						

		Case 2:18-bk-10480-SK	Doc 14 Filed 01/29/18 Entered 01/ Main Document Page 27 of 42 Case number		
Debt	tor 1	Frank John Nolan	Case number	(if known) 2:18-bk-10	480-SK
14 . ¹		in 2 years before you filed for bankru No	uptcy, did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
		Yes. Fill in the details for each gift or co	ontribution.		
	Gift: mor Cha	s or contributions to charities that to re than \$600 irity's Name Iress (Number, Street, City, State and ZIP Code	otal Describe what you contributed	Dates you contributed	Value
Part	6:	List Certain Losses			
15.	With or ga	iin 1 year before you filed for bankru ambling?	ptcy or since you filed for bankruptcy, did you lose any	thing because of the	t, fire, other disaster,
		No Yes. Fill in the details.			
	Des	scribe the property you lost and with loss occurred	Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Par	t 7:	List Certain Payments or Transfers	<u> </u>		
16.		arribad abarit saaking bankriintev or i	ptcy, did you or anyone else acting on your behalf pay preparing a bankruptcy petition? preparers, or credit counseling agencies for services require		
	Ad Em	rson Who Was Paid dress pail or website address rson Who Made the Payment, if Not \	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Th 466 Su Ca	e Law Offices of Brad Weil 0 E. Carson Plaza Dr. uite 217 urson, CA 90746 weil@justbradlegal.com	\$200 retainer to be applied to the costs of the bankruptcy	1/29/2018	\$200.00
17.	nro	hin 1 year before you filed for bankra mised to help you deal with your cre not include any payment or transfer tha	uptcy, did you or anyone else acting on your behalf pay ditors or to make payments to your creditors? It you listed on line 16.	or transfer any prop	erty to anyone who
		No Yes. Fill in the details.			
		erson Who Was Paid ddress	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	21 Si	ettner Law I50 W Washington St, uite 104 an Diego, CA 92110	Filed a lawsuit against the lender and negotation of a payment settlement		\$6,000.00

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Part 10: Give Details About Environmental Information

For the purpose o	f Part 10, the	following	definitions app	oly:
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- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used

	to own, operate, or utilize it, including disposal sites.					
	Hezardous material means anything an envir hazardous material, pollutant, contaminant,		waste, hazardo	us substance, toxi	c substance,	
Rep	ort all notices, releases, and proceedings tha	t you know about, regardless of when	they occurred.			
24.	Has any governmental unit notified you that	you may be liable or potentially liable (under or in viola	ition of an environ	mental law?	
	No Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmer know it	ntal law, if you	Date of notice	
25.	Have you notified any governmental unit of a	any release of hazardous material?				
	No Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		ntal law, if you	Date of notice	
26.	Have you been a party in any judicial or adm	inistrative proceeding under any envir	onmental law?	include settlemen	ts and orders.	
	■ No □ Yes. Fill in the details.					
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the c	980	Status of the case	
Pa	rt 11: Give Details About Your Business or (Connections to Any Business				
27.	Within 4 years before you filed for bankrupte	cy, did you own a business or have any	y of the followin	g connections to	any business?	
	☐ A sole proprietor or self-employed in	n a trade, profession, or other activity,	either full-time (or part-time		
	☐ A member of a limited liability comp	any (LLC) or limited liability partnershi	p (LLP)			
	☐ A partner in a partnership					
	☐ An officer, director, or managing exc	ecutive of a corporation				
	■ An owner of at least 5% of the voting	g or equity securities of a corporation				
	☐ No. None of the above applies. Go to F	-				
	Yes. Check all that apply above and fill	in the details below for each business.	•			
	Business Name	Describe the nature of the business	Employer	Identification num	ber	
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		ilude Social Secur ilness existed	ity number or ITIN.	
	Jarya Corp 609 Deep Valley Dr.,	Real Estate Fliping	EIN:	81-194-1327		
	Suite 200 Palos Verdes Peninsula, CA 90274		From-To	May 2016 - curr	ent	

Dehtor 1	Frank John Nolan	Main Document	Page 30 of 42 number (if known)	2:18-bk-10480-SK
28. Wit h	nin 2 years before you filed for bank tutions, creditors, or other parties.	ruptcy, did you give a financia		
■ □ Nar Add	No Yes. Fill in the details below.	Date Issued	***************************************	
I have re are true	Sign Below ad the answers on this Statement of and correct. I understand that making ankruptcy case can result in fines upon 1. SS 152, 1341, 1519, and 3571.	ng a false statement, conceal p to \$250,000, or imprisonme	nt for up to 20 years, or both.	alty of perjury that the answers r property by fraud in connection
	John Nolan ire of Debtor 1	Signature of De	ebtor 2	
Date .	January 29, 2018	Date		
Did you ■ No □ Yes	attach additional pages to Your Sta			(Official Form 107)?
■ No	pay or agree to pay someone who i			cial Form 119).

B2030 (Form 2030) (12/15)

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		tates Bankruptcy Co al District of California	ourt	
In :	re Frank John Nolan		Case No.	2:18-bk-10480-SK
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENS	SATION OF ATTOR	NEY FOR DE	BTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	of the petition in bankruptcy, o	r agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept			6,000.00
	Prior to the filing of this statement I have received		<u> </u>	0.00
	Balance Due			6,000.00
2.	\$ 0.00 of the filing fee has been paid.			
3.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	■ I have not agreed to share the above-disclosed compen	sation with any other person u	nless they are memb	pers and associates of my law firm
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name			
6.	In return for the above-disclosed fee, I have agreed to rend	der legal service for all aspects	of the bankruptcy c	ase, including:
	 a. Analysis of the debtor's financial situation, and rendering the preparation and filing of any petition, schedules, statemed. Representation of the debtor at the meeting of creditors defected. [Other provisions as needed] Negotiations with secured creditors to recreaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on house 	nent of affairs and plan which r s and confirmation hearing, and duce to market value; exer s as needed; preparation a	may be required; lany adjourned hear mption planning;	rings thereof;
7.	By agreement with the debtor(s), the above-disclosed fee defended Representation of the debtors in any disclosure any other adversary proceeding.	loes not include the following s hargeability actions, judic	service: ial lien avoidance	es, relief from stay actions or
		CERTIFICATION		
	I certify that the foregoing is a complete statement of any a bankruptcy proceeding. January 29, 2018	agreement or arrangement for r	payment to me for re	epresentation of the debtor(s) in
	Date	Brad Weil		
		Signature of Attorney The Law Offices o		
		460 E. Carson Plaz		
		Suite 217		
		Carson, CA 90746		

310 515 7799 Fax: 310 515 7752 bfweil@justbradlegal.com

Name of law firm

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Film tos inform	nation to identify your case
Debtor 1	Frank John Nolan
Debtor 2 (Spouse, if filing)	
United States E	Bankruptcy Court for the: Central District of California
Case number (if known)	2:18-bk-10480-SK

Check as directed in thes 17 and 21								
According to the calculations required by this Statement:								
	Disposable income is not determined under 11 U.S.C. § 1325(b)(3).							
	Disposable income is determined under 11 U.S.C. § 1325(b)(3).							
	3. The commitment period is 3 years.							
	4. The commitment period is 5 years.							
☐ Check if this is an amended filing								

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

ari	Calculate Your Average Monthly Income							<u> </u>	
1.	What is your marital and filing status? Check one	e or	ly.						
	☐ Not married. Fill out Column A, lines 2-11.								
	■ Married. Fill out both Columns A and B, lines 2-1	11.							
1	ill in the average monthly income that you received from 01(10A). For example, if you are filing on September 15, the ie 6 months, add the income for all 6 months and divide the focuses own the same rental property, put the income from the	6-m total	onth period would be Mar- by 6. Fill in the result. Do	ch 1 throughof include	gn Aug e anv i	gust 31. It me amo income amount mo	ont or y	our monuny moone va nonce. For example, if	both
•					Colur Debt		Debt	mn B or 2 or filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtine payroll deductions).	ne,	and commissions (be	fore all	\$	0.00	\$	7,583.00	
3.	Alimony and maintenance payments. Do not incl Column B is filled in.	ude	payments from a spou	se if	\$	0.00	\$	0.00	
4.	All amounts from any source which are regularly of you or your dependents, including child supp from an unmarried partner, members of your house and roommates. Do not include payments from a syou listed on line 3.	p ort shok	. Include regular contril 1, your dependents, pa	outions rents,	\$	0.00	\$	0.00	
5.	Net income from operating a business, profession, or farm	3	Debtor 1						
	Gross receipts (before all deductions)	\$	3,000.00						
	Ordinary and necessary operating expenses	-\$.	0.00						
	Net monthly income from a business, profession, or farm	\$	3,000.00	Copy here ->	s	3,000.00	\$	0.00	
6.	Net income from rental and other real property		Debtor 1						
	Gross receipts (before all deductions)	\$	6,000.00						
	Ordinary and necessary operating expenses	-\$	0.00	0					
	Net monthly income from rental or other real property	\$	6,000.00	Copy here ->	\$	6,000.00	\$	0.00	

Main Document Page 33 of 42 Case number (if known) 2:18-bk-10480-SK Frank John Nolan Column A Column B Debtor 2 or Debtor 1 non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 0.00 0.00 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____\$ For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for 9,000.00 7,583.00 16,583.00 each column. Then add the total for Column A to the total for Column B. Total average monthly income Determine How to Measure Your Deductions from Income Part 2: 16,583.00 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 Copy here=> 16.583.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 16,583.00 15a. Copy line 14 here=>____ x 12 Multiply line 15a by 12 (the number of months in a year).

198,996.00

15b. The result is your current monthly income for the year for this part of the form.

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kor 1 Frank John Nolan ______ Case number (if known) _____2:18-bk-10480-SK

16.	. Calculate the median fam	ily income that applies to y	ou. Follow these steps:		
	16a. Fill in the state in whic	h you live.	CA		
	16b. Fill in the number of pe	ople in your household.	3		
	To find a list of applica	ly income for your state and state and state and state and state and state and state are arrived as the state are stated as the state are stated as the state are stated as the stated a	, go online using the link specified	in the separate	77,412.00
47			lable at the bankruptcy clerk's offic	: €.	
UF.	7. How do the lines compare 17a. ☐ Line 15b is les		in the top of page 1 of this form, ch	neck box 1, Disposable income is n	ot determined under
	11 U.S.C. § 13	25(b)(3). Go to Part 3. Do N	OT fill out Calculation of Your Disp	posable Income (Official Form 1220	C-2).
	1325(b)(3), Go	ore than line 16c. On the top of to Part 3 and fill out Calcutionthly income from line 14 a	lation of Your Disposable Incon	, Disposable income is determined ne (Official Form 122C-2). On line	under 11 U.S.C. § 39 of that form, copy
Par	t 3: Calculate Your Cor	nmitment Period Under 11	U.S.C. § 1325(b)(4)	<u> </u>	
18.	Copy your total average r	nonthly income from line 1	1.	\$	16,583.00
19.	contend that calculating the spouse's income, copy the	e commitment period under 1 amount from line 13.	married, your spouse is not filing to 1 U.S.C. § 1325(b)(4) allows you to	with you, and you o deduct part of your	0.00
	19a. If the marital adjustme	ent does not apply, fill in 0 on	line 19a.	-\$	0.00
	19b. Subtract line 19a fro	m line 18.		\$_	16,583.00
20.	Calculate your current m	onthly income for the year.	Follow these steps:		
	20a. Copy line 19b				16,583.00
		mber of months in a year).		_	x 12
	20b. The result is your curr	rent monthly income for the y	ear for this part of the form	3	198,996.00
	20c. Copy the median fam	ily income for your state and	size of household from line 16c		77,412.00
	21. How do the lines co	mpare?		_	
	Line 20b is less period is 3 years		ise ordered by the court, on the top	p of page 1 of this form, check box	3, The commitment
	Line 20b is more commitment per	e than or equal to line 20c. Ui iod is 5 years. Go to Part 4.	nless otherwise ordered by the cou	urt, on the top of page 1 of this form	, check box 4, The
	X Frank John Nolan Signature of Debtor 1 Date January 29, 2018 MM / DD / YYYY			and in any attachments is true and	

Fill in this	information to identify your case:			
Debtor 1	Frank John Nolan			
Debtor 2 (Spouse, if	f filing)			
United Stat	tes Bankruptcy Court for the: Central District of California			
Case numb (if known)	ber <u>2:18-bk-10480-SK</u>	☐ Check if	this is an amend	ed filing
Official For	m 122C-2 er 13 Calculation of Your Disposable I	ncome		04/16
	this form, you will need your completed copy of <i>Chapter 13 Statement Period</i> (Official Form 122C-1).	ent of Your Current Monthly In	come and Calcula	tion of
space is ne	plete and accurate as possible. If two married people are filing tog eeded, attach a separate sheet to this form, Include the line numbe pages, write your name and case number (if known).	ether, both are equally respons r to which additional information	ible for being acc on applies. On the	urate. If more top any
Part 1:	Calculate Your Deductions from Your Income	<u> </u>		
the que	ernal Revenue Service (IRS) issues National and Local Standards festions in lines 6-15. To find the IRS standards, go online using the ation may also be available at the bankruptcy clerk's office.	or certain expense amounts. U link specified in the separate i	se these amounts instructions for thi	to answer the is form. This
expense	the expense amounts set out in lines 6-15 regardless of your actual expess if they are higher than the standards. Do not include any operating earl, and do not deduct any amounts that you subtracted from your spouse	cpenses that you subtracted from	income in lines 5 a	fyour actual and 6 of Form
If your e	expenses differ from month to month, enter the average expense.			
Note: Li	ine numbers 1-4 are not used in this form. These numbers apply to info	mation required by a similar form	used in chapter 7	cases.
5. Th	ne number of people used in determining your deductions from inc	ome		
plu	Il in the number of people who could be claimed as exemptions on your us the number of any additional dependents whom you support. This nue number of people in your household.	federal income tax return, mber may be different from	3	
Nationa	al Standards You must use the IRS National Standards to an	swer the questions in lines 6-7.		
	bood, clothing, and other items: Using the number of people you entercandards, fill in the dollar amount for food, clothing, and other items.	ed in line 5 and the IRS National	\$	1,378.00
the	ut-of-pocket health care allowance: Using the number of people you are dollar amount for out-of-pocket health care. The number of people is sopple who are 65 or older-because older people have a higher IRS allowagher than this IRS amount, you may deduct the additional amount on line	plit into two categories—people w wance for health car costs. If you	<i>i</i> no are under 65 ar	na

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Main Document Page 36 of 42 Case number (if known) 2:18-bk-10480-SK Debtor 1 Frank John Nolan People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 3 7c. Subtotal. Multiply line 7a by line 7b. 147.00 Copy here=> 147.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 117 7e. Number of people who are 65 or older 0 0.00 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> 147.00 Copy total here=> 147.00 7g. Total. Add line 7c and line 7f Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 8. 592.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 2,084.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Average monthly Name of the creditor payment 2,323.00 Mr. Cooper Repeat this amount Сору 2,323.00 2,323.00 on line 33a. 9b. Total average monthly payment here=> 9c. Net mortgage or rent expense. Сору Subtract line 9b (total average monthly payment) from line 9a (mortgage 0.00 0.00 here=> or rent expense). If this number is less than \$0, enter \$0.

0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and

affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

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	. <u>-</u>					
11.	Local transportation expenses: Check the number of vehic	les for which you claim a	ın ownership or	operating	expense.	
	□ 0. Go to line 14.					
	☐ 1. Go to line 12.					
	2 or more. Go to line 12.					
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the Operating Costs that apply for y	and the number of vehic your Census region or m	cles for which yo etropolitan stati	ou claim the	e . \$	600.00
13.	Vehicle ownership or lease expense: Using the IRS Local of You may not claim the expense if you do not make any loan of more than two vehicles.	Standards, calculate the or lease payments on the	net ownership e vehicle. In ad	or lease ex dition, you	pense for each ve may not claim the	hicle below. expense for
Vel	nicle 1 Describe Vehicle 1:					
13a.	Ownership or leasing costs using IRS Local Standard		\$	0.00		
13b.	Average monthly payment for all debts secured by Vehicle 1.					
	Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.	l 3e, add all amounts that hs after you file for	t			
	Name of each creditor for Vehicle 1	Average monthly payment				
	-NONE-	\$				
13 c.	Total Average Monthly Payment Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0	\$ 0.00 , enter \$0.	Copy here => -\$	0.00	Repeat this amount on line 33b. Copy net Vehicle 1 expense here => \$	0.00
					J	
	hicle 2 Describe Vehicle 2:					
	Ownership or leasing costs using IRS Local Standard			0.00		
13e.	Average monthly payment for all debts secured by Vehicle 2 leased vehicles.	. Do not include costs for	T			
	Name of each creditor for Vehicle 2	Average monthly payment				
	-NONE-	\$				
			Сору		Repeat this	
	Total average monthly payment	\$0.00	here => -\$	0.0	amount on line	
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0), enter \$0	\$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of	in line 11, using the IR whether you use public	IS Local Stand c transportation	lards, fill ir on.	n the \$	0.00
15.	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in vinot claim more than the IRS Local Standard for <i>Public Trans</i>	what you believe is the a	e 11 and if you ppropriate expe	claim that y ense, but yo	you may ou may \$	0.00

Frank John Nolan

Debtor 1

Frank John Nolan

Case number (if known) 2:18-bk-10480-SK

In addition to the expense deductions listed above, you are allowed your monthly expenses for Other Necessary Expenses the following IRS categories. 16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. 0.00 Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs 0.00 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form 0.00 of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or 0.00 for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 0.00 Payments for health insurance or health savings accounts should be listed only in line 25 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment 0.00 expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 2,717.00 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. These are additional deductions allowed by the Means Test. Additional Expense Deductions Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. 0.00 Health insurance 0.00 Disability insurance 0.00 Health savings account 0.00 0.00 Copy total here=> Total Do you actually spend this total amount? No. How much do you actually spend? 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may 0.00 include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. 0.00 By law, the court must keep the nature of these expenses confidential.

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ebtor 1	Frank John Nolan		ase number (###	known	2.10	-DK-IL	J40L	<i>J</i> -3N	
	Additional home energy costs. Your home ine 8.	e energy costs are included in your insurar	nce and oper	ating e	xpense	s on			
	f you believe that you have home energy of B, then fill in the excess amount of home en	ergy costs				on line	1		
	You must give your case trustee documenta amount claimed is reasonable and necessar	tion of your actual expenses, and you mus y.	st show that t	the add	itional		\$		0.00
	Education expenses for dependent child \$160.42* per child) that you pay for your dep public elementary or secondary school.	ren who are younger than 18. The month bendent children who are younger than 18	nly expenses years old to	(not n attend	iore tha a priva	n te or			
	You must give your case trustee documenta claimed is reasonable and necessary and n		st explain wh	y the a	mount				
	* Subject to adjustment on 4/01/19, and eve	ry 3 years after that for cases begun on or	after the dat	te of ac	ljustme	nt.	\$		0.00
	Additional food and clothing expense. The higher than the combined food and clothing than 5% of the food and clothing allowances.	allowances in the IRS National Standards	od and cloth . That amour	ing exp nt cann	oenses ot be m	are nore			
	To find a chart showing the maximum additi instructions for this form. This chart may als	onal allowance, go online using the link sp o be available at the bankruptcy clerk's off	ecified in the ice.	sepai	ate				
	You must show that the additional amount o	laimed is reasonable and necessary.					\$	·	0.00
31 .	Continuing charitable contributions. The instruments to a religious or charitable orga	amount that you will continue to contribute nization. 11 U.S.C. § 548(d)(3) and (4).	e in the form	of cas	n or fina	incial			
	Do not include any amount more than 15%	of your gross monthly income.					\$	<u> </u>	0.00
	Add all of the additional expense deduct Add lines 25 through 31.	ions.					\$		0.00
Ded	ictions for Debt Payment								
	or debts that are secured by an interest i		ne mortgage	s, veh	icle				
1	o calculate the total average monthly paymereditor in the 60 months after you file for bar	ent, add all amounts that are contractually nkruptcy. Then divide by 60.	due to each	secure	ed			s .v.: .····	
	Mortgages on your home							rage /ment	monthly
33a.	Copy line 9b here						\$_	2	2,323.00
	Loans on your first two vehicles								
33b.	Copy line 13b here					=>	\$ _		0.00
33c.	Copy line 13e here					=>	\$_		0.00
33d.	List other secured debts:								
Nam	e of each creditor for other secured debt	Identify property that secures the debt		incl	es paym ude tax nsuranc	es			
					No				
	-NONE-				Yes		\$		
					No		-		
					Yes				
					163		\$_		
					No				
					Yes	+	\$_		
33e	Total average monthly payment. Add lines	s 33a through 33d	\$	2,32	3.00	total here	`	\$	2,323.00
000	, , , , , ,								

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Case number (if known) 2:18-bk-10480-SK Frank John Nolan Debtor 1 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ No. Go to line 35. ■ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Identify property that secures the debt Monthly cure Total cure amount Name of the creditor amount 6055 Craner Ave., North Hollywood, CA 91606 Los Angeles County 4 units total 1 tree bed two bath house and three 3,312.70 **198.762.00** + 60 = \$ Mr. Cooper single units +60 =\$ +60 = +\$ Copy total 3,312.70 3,312.70 Total \$ here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. 0.00 0.00 Total amount of all past-due priority claims 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total here=> Average monthly administrative expense 5,635.70 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 2.717.00 expense allowances Copy line 32, All of the additional expense deductions 0.00 5,635.70 Copy line 37, All of the deductions for debt payment_ 8,352.70 8,352.70 Copy total here=> Total deductions.....

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Frank John Nolan	Ca	ase number (<i>if kno</i>	wn) <u>2:18-l</u>	bk-10480-SK	
2: Determine Your Disposable Income Under 11 U.S.C. § 132	25(b)(2)				
Copy your total current monthly income from line 14 of Form 1 Statement of Your Current Monthly Income and Calculation of	22C-1, Chapter 13 Commitment Period	l	S	16,5	83.0
Fill in any reasonably necessary income you receive for support children. The monthly average of any child support payments, fost disability payments for a dependent child, reported in Part I of Form received in accordance with applicable nonbankruptcy law to the expecssary to be expended for such child.	er care payments, or 122C-1, that you	\$	0.00	-	
Fill in all qualified retirement deductions. The monthly total of all employer withheld from wages as contributions for qualified retirem in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from specified in 11 U.S.C. § 362(b)(19).	ent plans, as specifie	d \$	0.00	-	
. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).	Copy line 38 here	=> \$ <u> </u>	8,352.70	_	
Deduction for special circumstances. If special circumstances juexpenses and you have no reasonable alternative, describe the special expenses. You must give your case trustee a detailed explanative circumstances and documentation for the expenses.	ecial circumstances a	und			
scribe the special circumstances	Amount of exp	oense			
	\$				
	\$				
	\$				
Total	\$	Copy here=> \$		0.00	
. Total adjustments. Add lines 40 through 43.	=>	\$8,3		opy ere=> -\$8,3	352.7
. Calculate your monthly disposable income under § 1325(b)(2)	. Subtract line 44 from	n line 39.		\$8,230	0.30
3: Change in Income or Expenses				L	
6. Change in income or expenses. If the income in Form 122C-1 or have changed or are virtually certain to change after the date you time your case will be open, fill in the information below. For examy you filed your petition, check 122C-1 in the first column, enter line wages increased, fill in when the increase occurred, and fill in the	filed your bankruptcy ple, if the wages repo 2 in the second colun	petition and d rted increase nn, explain wh	uring the d after		
rm Line Reason for change	Date of chang	ge Increa		Amount of change	
122C-1 122C-2 122C-1 122C-2		De	crease ecrease	\$ \$	
122C-1 122C-2			crease ecrease	\$	
122C-1			crease	•	
122C-2		⊔⊅	ecrease	\$	

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Debtor 1	Frank John Nolan	Case number (ii w.owii)	2.10-DK-10-100 O.1.
Part 4:	Sign Below		
1	By signing here, under penalty of perjury you declare that	t the information on this statement and in any at	tachments is true and correct.
x	Frank John Nolan		
Date	Signature of Debtor 1 January 29, 2018		
Date	MM/DD/YYYY		